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# Data Quality: UBO & The Revenue Cycle

September 2010



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# Outline

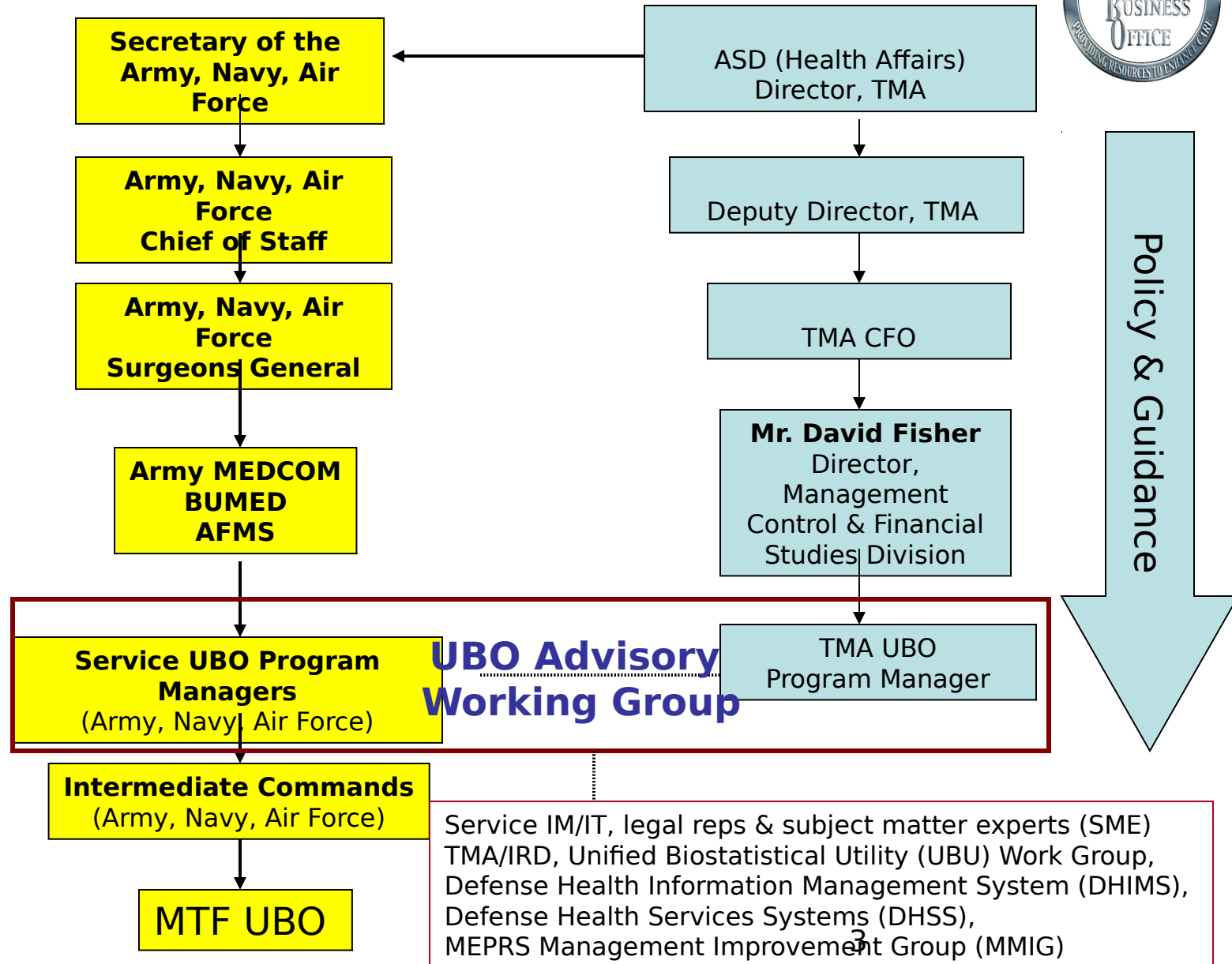


- Uniform Business Office (UBO) Organization
- UBO Cost Recovery Programs
- MHS Billing Systems
- MTF Revenue Cycle
- Data Quality and How it Affects Each Phase of the Revenue Cycle
- UBO Success Factors
- Resources



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# UBO Organization Chart



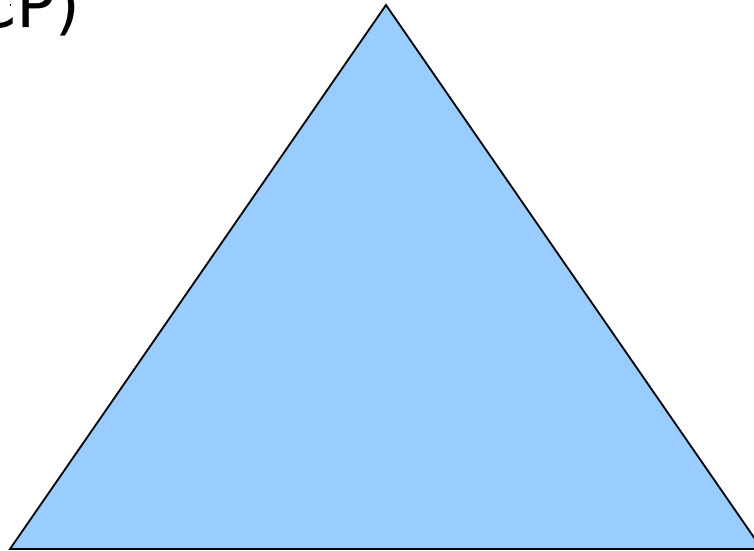


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# UBO Cost Recovery Programs



## Third Party Collections Program (TPCP)



Medical  
Services  
Account (MSA)

Medical  
Affirmative  
Claims (MAC)



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# Who Gets Billed Under Which Cost Recovery Program?



- Third Party Collections Program
  - Bill insurers for care provided to eligible DoD beneficiaries (excludes Active Duty) with other health insurance (excluding Medicare & TRICARE)
- Medical Services Account
  - Includes billing for care provided to eligible patients from Veterans Affairs/Coast Guard /NOAA/ PHS/Civilian Emergencies/Foreign Military & their Family Members
- Medical Affirmative Claims
  - Bill for care provided to eligible DoD beneficiaries injured by third parties



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# Collections by UBO Cost Recovery Program



- Third Party Collections Program (TPCP)
  - \$241M (FY 2009)
- Medical Services Account (MSA)
  - \$151M (FY 2009)
- Medical Affirmative Claims (MAC)
  - \$15M (FY 2009)
- ALL funds collected are retained by your MTF
  - TPC funds are in addition to the MTFs O&M budget



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# Top Three MTFs by Service for Inpatient TPCP Collections

## Cumulative Collections through 3<sup>rd</sup> Qtr FY2010



Service	Facility	Inpatient Collections
Army	Ft. Sam Houston (Brooke Army Medical Center)	\$4,392,226
Army	Washington D.C. (Walter Reed Army Medical Center)	\$3,758,334
Army	Ft. Lewis (Madigan Army Medical Center)	\$3,380,465
Navy	NNMC Bethesda	\$3,147,839
Navy	NMC Portsmouth (VA)	\$1,543,162
Navy	NMC San Diego	\$916,757
Air Force	Lackland AFB (59th Medical Wing)	\$8,566,422
Air Force	Wright Patterson AFB (88th Medical Group)	\$2,156,815
Air Force	Elmendorf AFB (3rd Medical group)	\$442,065

Data Source: MTF DD Form 2570 submissions to the TMA UBO Metrics Reporting System



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# Top Three MTFs by Service for Outpatient TPCP Collections

Cumulative Collections through 3<sup>rd</sup> Qtr FY2010



Service	Facility	Outpatient Collections
Army	Ft. Belvoir (Dewitt Army Community Hospital)	\$4,559,071
Army	Redstone Arsenal (Fox Army Health Clinic)	\$4,264,111
Army	Ft. Sam Houston (Brooke Army Medical Center)	\$3,773,178
Navy	NH Jacksonville	\$4,509,138
Navy	NMC Portsmouth (VA)	\$3,051,044
Navy	NNMC Bethesda	\$2,684,755
Air Force	Wright Patterson AFB (88th Medical Group)	\$5,409,921
Air Force	Elmendorf AFB (3rd Medical group)	\$4,778,502
Air Force	Lackland AFB (59th Medical Wing)	\$3,545,044

Data Source: MTF DD Form 2570 submissions to the TMA UBO Metrics Reporting System





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# Top Ten MTFs for Total TPCP Collections

## Cumulative Collections through 3<sup>rd</sup> Qtr FY2010



<b>Service</b>	<b>Facility</b>	<b>FY2010 Total Collections</b>
Air Force	Lackland AFB (59th Medical Wing)	\$12,111,466
Army	Ft. Sam Houston (Brooke Army Medical Center)	\$8,165,404
Air Force	Wright Patterson AFB (88th Medical Group)	\$7,566,736
Army	Washington D.C. (Walter Reed Army Medical Center)	\$6,592,839
Army	Ft. Lewis (Madigan Army Medical Center)	\$6,121,374
Navy	NNMC Bethesda	\$5,832,593
Air Force	Elmendorf AFB (3rd Medical group)	\$5,220,566
Army	Ft. Shafter (Tripler Army Medical Center)	\$4,860,339
Navy	NH Jacksonville	\$4,788,252
Army	Ft. Belvoir (Dewitt Army Community Hospital)	\$4,783,444

Data Source: MTF DD Form 2570 submissions to the TMA UBO Metrics Reporting System



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# MHS Billing Systems



- Third Party Outpatient Collection System
  - Government developed system for billing outpatient TPCP (includes outpatient visits, lab/rad/pharmacy prescriptions)
- CHCS Medical Services Account (MSA) Module
  - Government developed module used for billing TPCP inpatient claims (both institutional & professional charges) & MSA
- Relationship to other systems
  - Provider Specialty Codes
  - Collection of other health insurance (OHI) information in CHCS
  - Centralized OHI Repository on DEERS

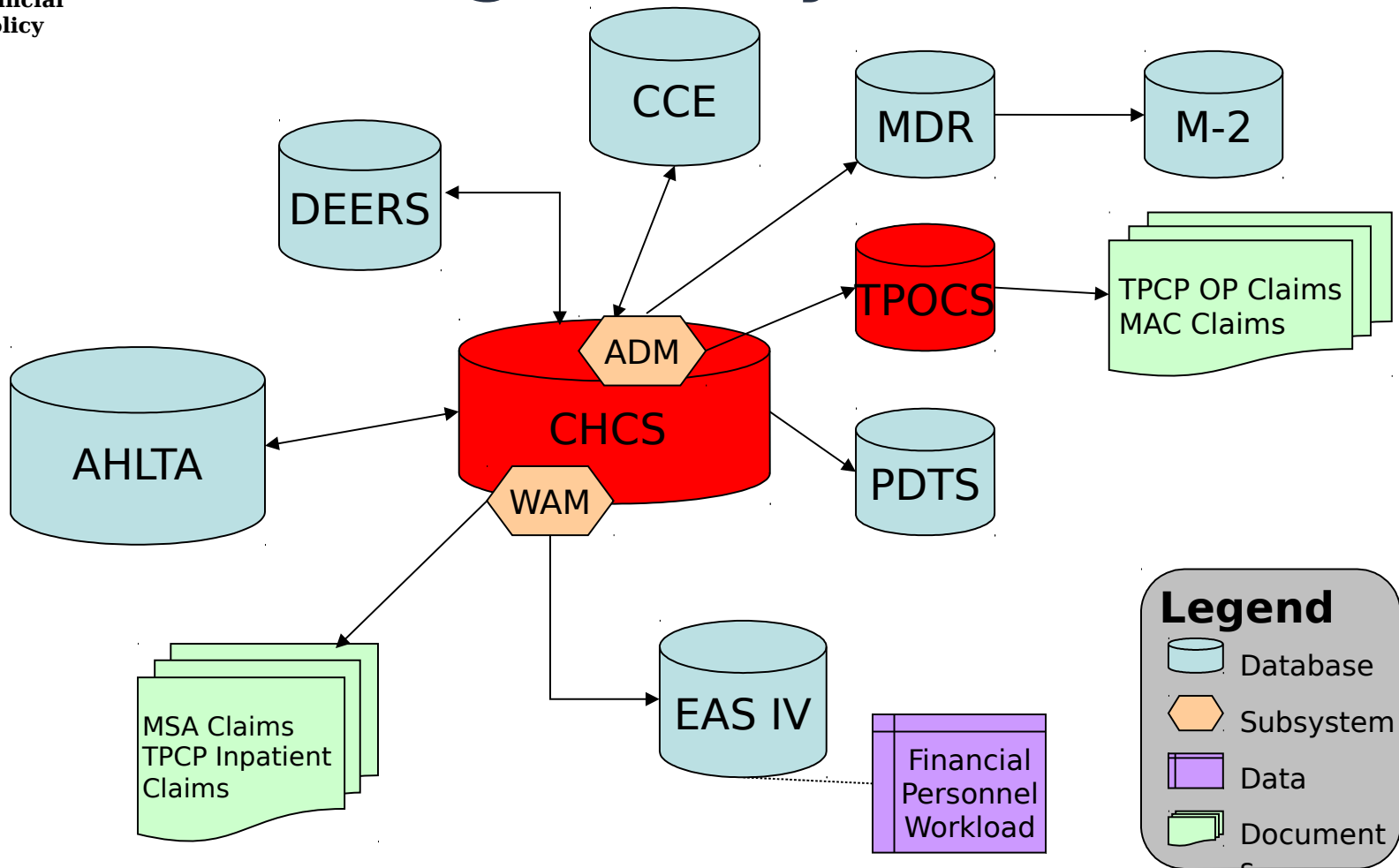


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# Billing/Collections

## Existing MHS Systems





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# Data Quality Characteristics



- Accurate
- Complete
- Concise
- Cost-effective
- Relevant / Timely / Up-To-Date
- Presentation
- Consistent



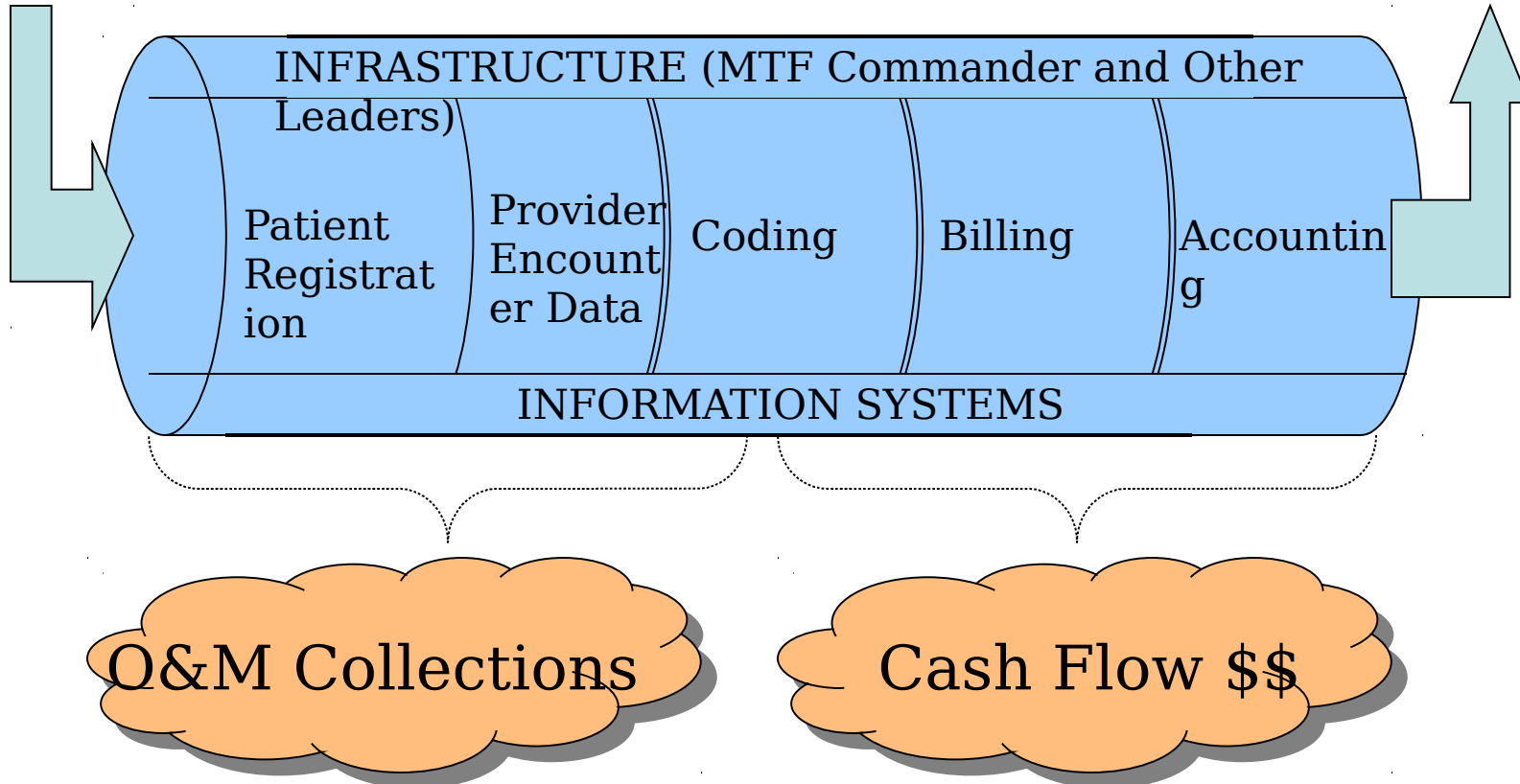
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# Revenue Cycle

**Information / Data**

**Cash**

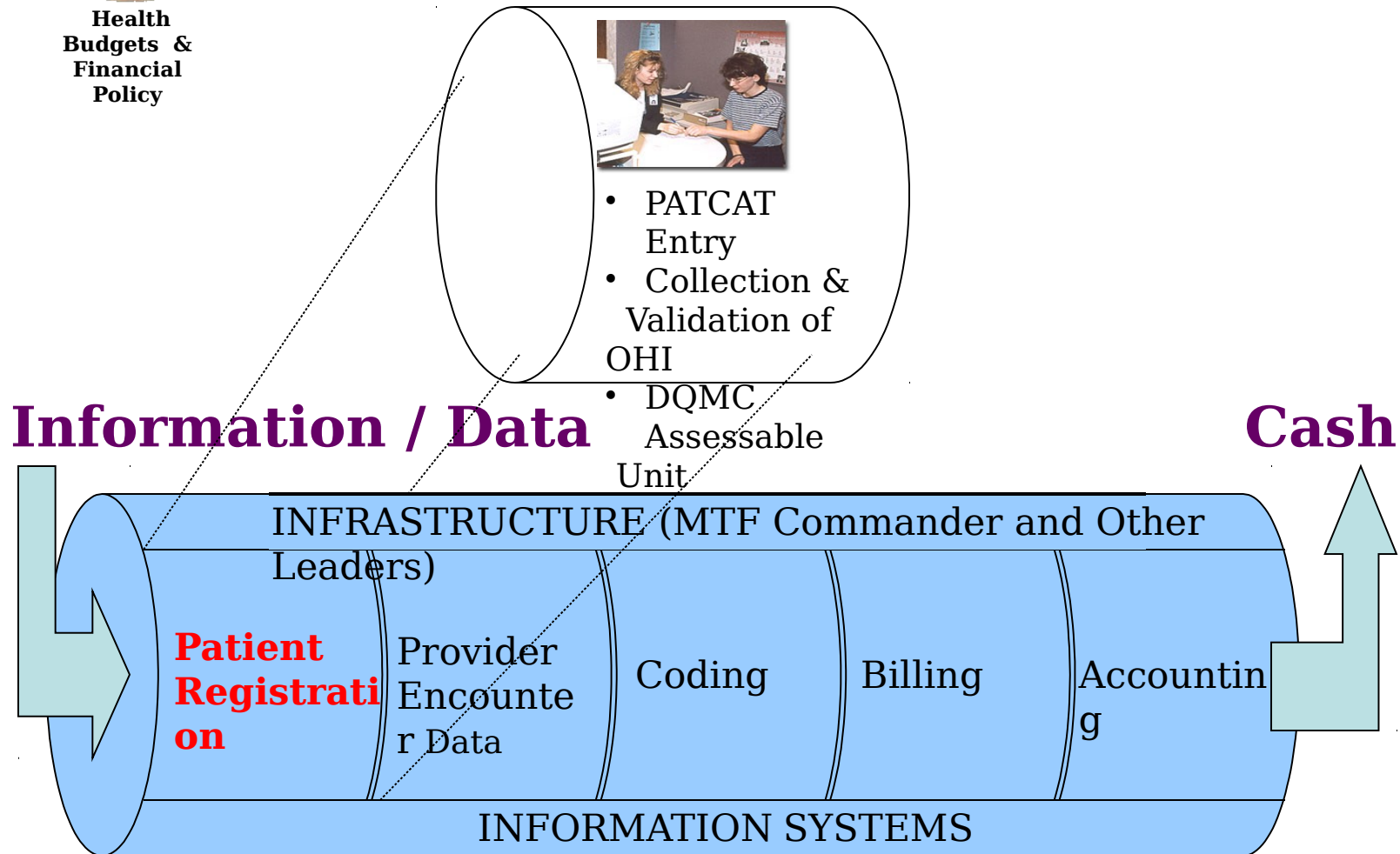




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# Patient Registration





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# Importance of Accurate PATCAT Entry

- Patient Category (PAT) determines the reimbursable rate (if any) for healthcare
  - Over 300 PATCATs to select from
- Challenge of Patients with Multiple PATCATs
  - Spouse of AD Member who is a Reservist and employed as a Federal Employee
- Whose responsible for training/accuracy?



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# Training for Selecting the Correct PATCAT

- PATCAT course now available via the TMA UBO website
- [http://www.tricare.mil/ocfo/mcfs/ubo/learning\\_center/training.cfm](http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/training.cfm)





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# Other Health Insurance (OHI) Information



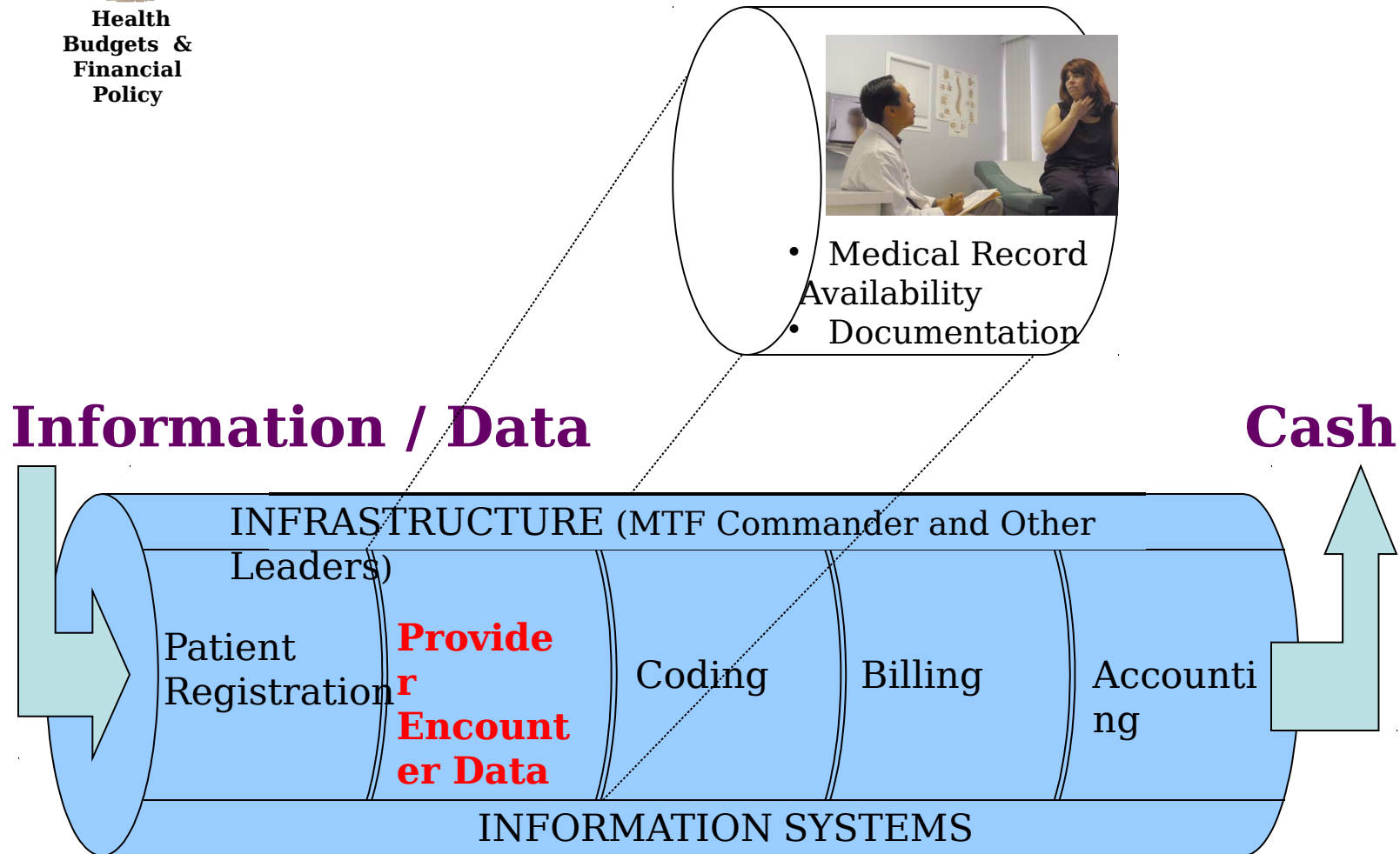
- Use DD Form 2569 to capture OHI information about your patients
  - All Non-Active Duty Patients required to complete it every 12 months or if data changes
  - OHI needs to be entered into CHCS PII screen or it “doesn’t exist” for billing purposes
  - Direct correlation between presence of a current DD Form 2569 in patient record and rate of TPC billing
  - Reported monthly in Commander’s DQ Report



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# Provider Encounter Data





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# CHCS Provider Specialty Codes (PSC)



- Set of codes unique to CHCS
- Current business rules preclude TPOCS from receiving ADM encounters with blank PSCs or PSCs > 900
  - (exception of 901 – Physician Assistant)
  - 702 (Clinical Psychologist) versus 954 (Psychology)
- Site visit to large medical center found 20% of PSCs fields were blank
  - Billable ADM encounter never reach TPOCS



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# Correcting the CHCS Provider Specialty Codes (PSC)



- Get your site's most current CHCS Provider Profile and review the PSC fields for accuracy
  - No blank fields
  - Billable providers have PSC under 900 (plus 901 – Physician Assistant)
- Determine whose responsible for maintaining the PSC fields and TRAIN THEM!!!
- Periodically review the PSC fields to make sure the problem really has been permanently fixed



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# National Provider Identifier (NPI) Type 1

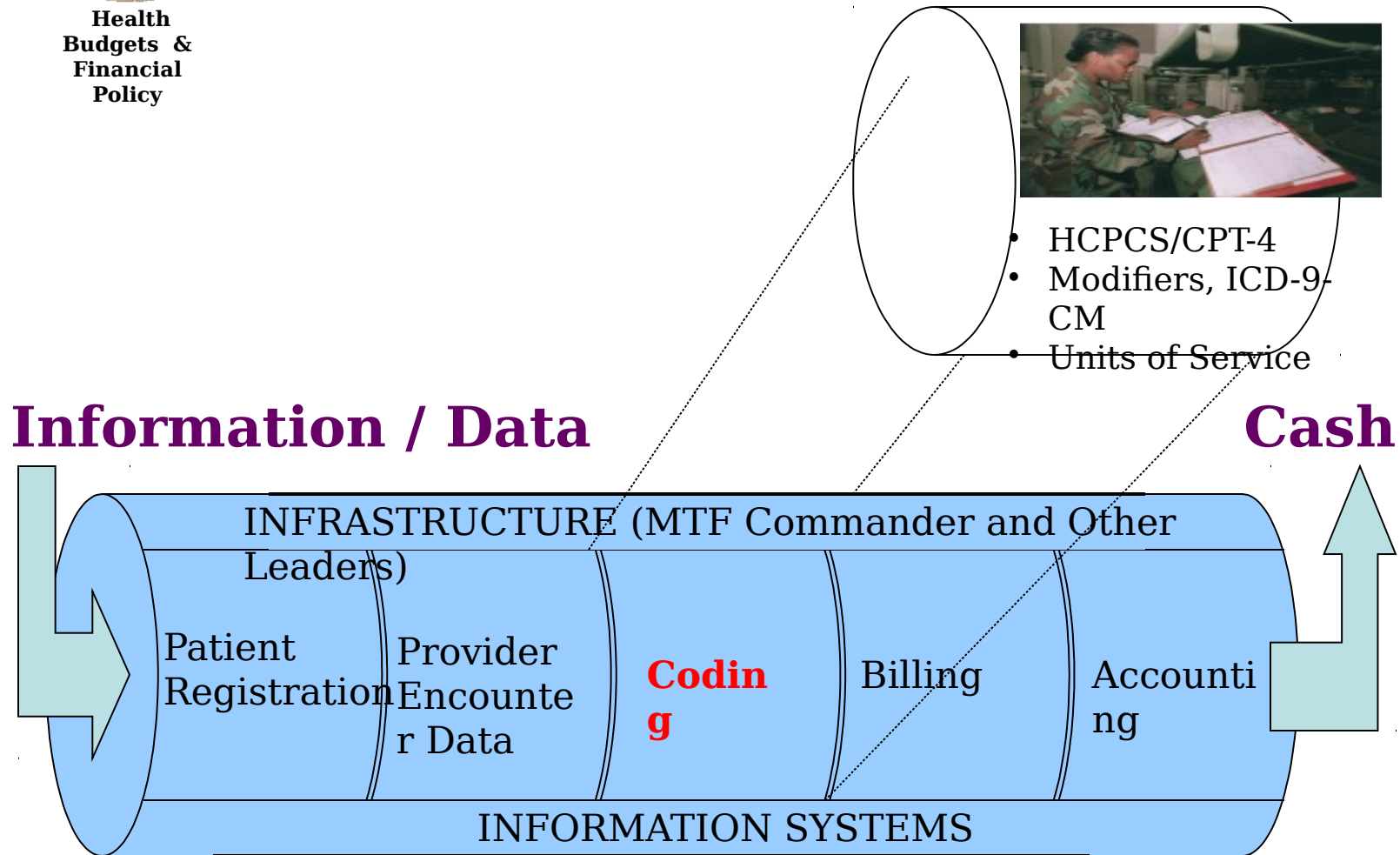


- Every provider who can bill for healthcare services is required to have one
- 23 May 2007 was the deadline for MHS providers to obtain their own unique NPI Type 1
- Are all of your providers NPI Type 1s in CHCS?
  - No NPI = No Payment from Insurance Companies



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# Coding





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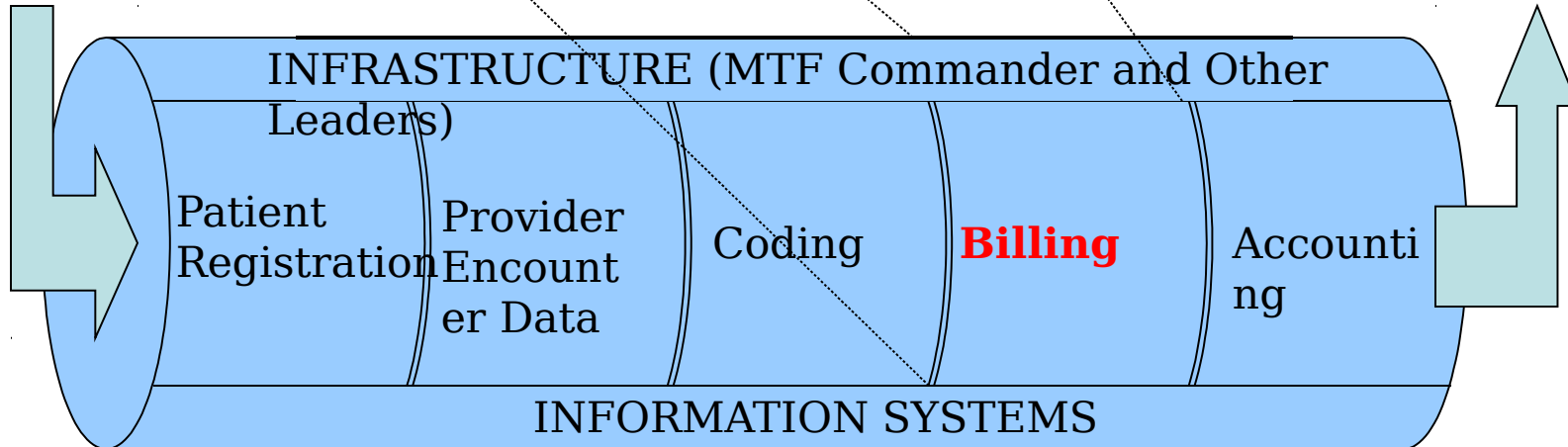
# Billing



- Insurance Verification
- Claim Form Data & Line Item Billing

**Information / Data**

**Cash**

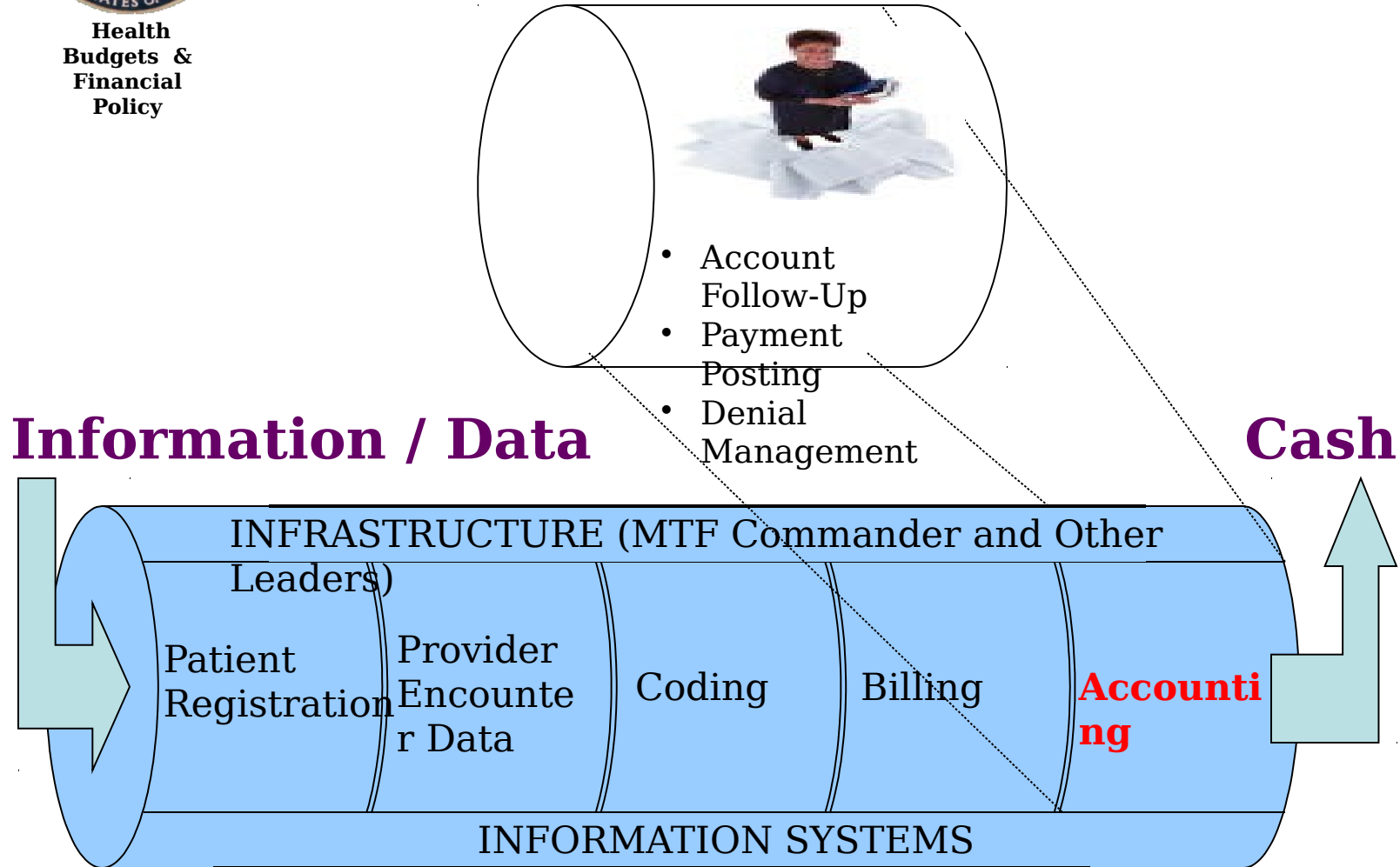




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# Accounting







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# UBO Success Factors

- What are the Focus Points?
  - MTF Revenue Cycle
    - Team Effort (not the just the UBO's challenge)
    - Staff Education & Training
    - Electronic Interfaces
  - Leadership Involvement
    - Stress the need to complete the OHI forms (DD Form 2569s)
    - Brief them on UBO Performance (e.g., OHI Capture, Billings & Collections for TPCP, MSA & MAC)



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# Resources



- **UBO Web Page**

<http://www.tricare.mil/ocfo/mcfs/ubo/index.cfm>

- **UBO Help Desk**

[ubo.helpdesk@altarum.org](mailto:ubo.helpdesk@altarum.org)

703-575-5385



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# Resources (con't)

- Defense Health Information Management System (DHIMS) Web Site
  - <http://citpo.ha.osd.mil/>
    - formerly CITPO and TMIP
- Defense Health Services Systems (DHSS) Web Site
  - <http://health.mil/DHSS/>
    - formerly RITPO, DMLSS & EI/DS



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# Questions?

